



**TITLE: CODE PINK: SUSPECTED INFANT/CHILD ABDUCTION PROCEDURE**

**PURPOSE:** To provide guidelines for action and notification in the event of a suspected infant/child abduction.

**SCOPE:** All Hospital Staff, Medical Staff, and Volunteer Staff

**POLICY:**

Any staff member who finds an infant or child missing will take action as described in the procedure below.

**RELEVANT FACTORS:**

**DEFINITIONS: N/A**

**PROCEDURE:**

**I. MITIGATION**

- A. PATIENTS AT RISK OF BEING ABDUCTED WILL BE PLACED CLOSE TO THE NURSES STATION:**
- Pending patient placement in DCS custody
  - Custody is being disputed
  - Infants left alone in room for extended periods of time
  - Domestic disputes/abuse
  - Threats to leave AMA by non-custodial parent
- B. STAFF MUST ALWAYS BE AWARE OF AND NOTIFY SECURITY OF ANY UNIDENTIFIED / UNKNOWN PERSONS:**
- Following staff into a secured area
  - "Casing" in any area
  - Asking detailed questions about the layout
  - Impersonating a nurse or other allied health professional
- C. PARENTS SHOULD BE ADVISED TO NOT ALLOW THEIR CHILD TO BE TAKEN FROM THE ROOM BY A WORKER WHO DOES NOT HAVE AN ETCH IDENTIFICATION BADGE.**



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**II. RESPONSE**

**A. MISSING CHILD**

If a patient is missing and abduction is not suspected, check desk to see if patient has been checked out. If not checked out, notify Security to assist with locating the child.

**B. SUSPECTED ABDUCTION / COMMUNICATION**

Check desk to see if patient has been checked out, if not, call code. Call "333" and ask PBX Operator to page:

"Code Pink - 0" –Location	"Code Pink - 0" - Infant < 1 year
"Code Pink - 1" –Location	"Code Pink - 1" - Child 1-5 years
"Code Pink - 5" –Location	"Code Pink - 5" - Child > 5 years

**NOTE: Contact Security via radio. Give location / floor (i.e., NICU, 2nd Floor, etc.)**

**C. DEPARTMENTAL RESPONSIBILITIES / STAFF ROLES**

All departments to turn on hand held radios (if applicable) when code is called.

**1. Nursing Unit**

- a. **Recheck all rooms/unit.**
- b. **Secure the area where the abduction occurred.**  
To preserve any forensic evidence.
- c. **Notify NM or NC.**
- d. **Move parents, if present, to a private room. Ask them to remain there for questioning by the police.**
  - Leave belongings in room
  - Protect parent(s) from stressful contact with the media or other interference
- e. **Notify Primary Physician, Admitting, Social Work and Chaplain.**
- f. **Refer all media inquiries to Community Relations.**

**2. Nursing Administration (Nurse Manager or Coordinator)**

- a. **Ask Operator to contact:**
  - 1) **Nursing Director**
  - 2) **Hospital President or VP on call**
  - 3) **Hospital Security Director**
  - 4) **Community Relations**
- b. **Set up a control center on the unit.**
- c. **Hold all hospital personnel.**  
All employees should remain in department or report back to department until cleared to go home.

**3. All Staff**

Secure nearest hospital exits until relieved by designated staff below.

Staff assigned will respond to the following stations:



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- a. Staff securing exits will ask anyone exiting or entering to please exit or enter through the Emergency Dept because of a hospital code. If person refuses to exit ER, notify Security STAT. DO NOT attempt to physically stop an individual.

Table with 2 columns: Station, Responsible Dept. Rows include: WEEKDAYS DURING BUSINESS HOURS: (8:00am - 4:30pm), WEEKDAYS (4:30pm - 8:00am); WEEKENDS & HOLIDAYS (24 Hrs/Day)

4. Security

- a. Lockdown Hospital, using the Access Control System (ACS). Everyone must enter or exit through the Emergency Room.
b. Search the facility and hospital grounds. Staff from Engineering will assist in search M-F (6AM - 12 AM); Sat./Sun. (7AM - 7PM).
c. Obtain information from child's nurse, parents and others that may have been around infant/child:
1) sex of infant/child
2) age of infant/child
3) name of infant/child, if known
4) description of infant/child clothing
- (color of eyes/hair, ht, wt, race)
- identifying markings
description of suspected abductor; if available
suspicious activity (define)



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- d. Notify Knoxville Police Department and FBI.
  - e. Assume control of the crime scene from the nursing staff.
5. Community Relations  
Respond to media; document.

**III. RECOVERY**

- A. SECURITY WILL AUTHORIZE CODE PINK CLEARANCE AND RETURN ACCESS CONTROL TO NORMAL.
- B. ALL STAFF WILL RETURN TO THEIR WORK AREA.
- C. STAFF STRESS DEBRIEFING CAN BE PROVIDED BY SOCIAL WORK, IF REQUESTED.

**PRECAUTIONS: N/A**

**SUPPORTIVE DATA:**

- A. PREPAREDNESS:
  - 1. Staff will be trained on the Code Pink procedure during orientation.
  - 2. Code Pink procedure will be exercised annually through Emergency Preparedness.
  - 3. Incidents will be reviewed through the EOC Committee for possible improvements.

<b>Policy Owner:</b>	Emergency Preparedness Chair
<b>References:</b>	<p><i>Nursing Management</i>, "Neonatal Security, It Takes a Community" August 2005, pgs 41-44.</p> <p>The Joint Commission, Emergency Management Standards 2011.</p> <p>Steiner, Paul: "Planning for and Preventing Infant Abductions in the Healthcare Environment, <i>Journal of Healthcare Protection Management</i>."</p> <p>Felq, Veronica: What is not part of The Child Abduction News Story, <i>Pediatric Nursing</i> Jan-Feb 2007, pgs 10-11.</p> <p>Texas Children's Hospital</p> <p>Methodist Hospitals of Memphis</p> <p>Butterworth Hospital</p>
<b>Related Policies:</b>	<a href="#">Emergency Operations Plan O911</a>
<b>Origination Date:</b>	5/97



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**Revised:** 6/02, 2/06, 7/07, 1/08, 2/10, 2/12

**Last Review Date:** 2/12

**Next Review Date:** 2/15

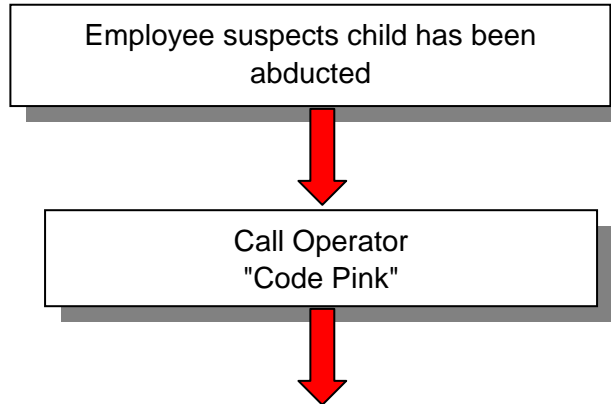
**Date Retired:**

**Approved:**



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Figure 1. Suspected Infant/Child Abduction Flowchart



**NURSING UNIT:**

1. Recheck rooms.
2. Secure the area.
3. Notify NM or NC
4. Move parents to private room.
5. Notify Chaplain/Social Work.
6. Notify Primary Physician.

**SECURITY:**

1. Lockdown Hospital (ACS)
2. Obtain information from infant's/child's nurse.
3. Search the facility.
4. Notify KPD and FBI.

**OTHER STAFF:**

1. Secure all exits according to C1a.

**NURSING ADMINISTRATION (NM/NC):**

1. Notify Nursing Director.
2. Notify Hospital Administration.
3. Notify Hospital Security Director.
4. Notify Community Relations.
5. Set up a control center on the unit.

**COMMUNITY RELATIONS:**

1. Handle media calls.